	Under the Page	erwork Reducti	ion Act	of 1995, na	cersons an	. required	U. S. P to respond to a sol	iteni telio	App Trade Trade	roved for use rapk Office; U Lian unlace (I	drough drough	OD 17002.	U/SB/06 (#8-0 OMB 6651-00 OF COMMERC
	PATENT		Application	or Dock	Muniber	·							
\vdash			0	(OTHER	777							
<u> </u>	CLAIMS AS FILED - PART I (Column I) (Column I)									, ENTITY	OR		ENTITY
FO	R	,	NUMBER FILED NUMB			NUMBI	R EXTRA			FEE	7	RATE	860
	ASIC FER									\$ 3	OR		\$ \$860
TOTAL CLAIMS UTGFALISED			3 mietri 20 e			1.]	x 5		OR	2.5	
INDEPENDENT CLAIMS (27CF) 146)		LAIMS	ightu 3= *			•	_		·		OR	X =	
М	MULTIPLE DEPENDENT CLAIM PRESENT 01CTR.LIKO)]	+		OR		
• If the difference in polarum I is itsel then been, enter "O" in column 2										OR	TOTAL	860	
2.20 CLAIMS AS AMENDED - PART II (Column 2) SMALL ENTITY OR SMALL ENT										THAN			
AMENDMENT A		CLAIM REMAIN AFTEI AMÉNDM	ING R		PREV	HEST MBER LOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total or con interior	•		Minus	***		-	11	x \$		OR		
	Independent	• (Minus	k.	2	-	11			OR	-	
	(17C/R L160))	SEPATATION .	OF MI	U TIDE E DE	OEMPEN.	F (2) A 29.4	BICTLAWA	H	<u>^</u> -		OR	<u> </u>	
ΤL	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CTL LINGS							JĮ	··		OR	+	
IC	112.04	(Column))		(Colu	me 1)	(Celuma 3)	ΑĐ	TOTAL DIT. FEE		OR	TOTAL DIT. FEE	L
AMENDMENT B		CLAIM REMAINI AFTER AMENDM	NO		PREVI	HEST HEST HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total grown Liffe))	1.17		Minus	•• ć	20		Į	9.		OR	-يا	
	ladependent (FCFA 1.140-D)	• 1		Minus	•••	2	= -	H,	44.		OR	- 88	
		OF MUI	MULTIPLE DEPENDENT CLA			07CML1400		150		OR OR	-300 •		
	11/16/04	(Colling)))		(Colu	us 2)	(Column 3)	AD	TOTAL DIT. FEB		ORAD	TOTAL DIT. FEE	·
NDMENTC		CLAIMS REMAINII AFTER AMENDME	NG .		HIGH NUM PREVIO PAJD	DUSLY	PRESENT EXTRA		RATE	addi- Tional Fee		RATÉ	addi- tional fee
	Total grafithm	•	5/	dinas.	7		=	×	<u>,9-</u>	, ,	OR	s_12 -	
AMEND	Independent prefatten	•	1	Minus	+++		•	×	₩-		OR X	&.	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CORLINGS							1	150-		OR -	<u>300.</u>	
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3, If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, entry "20".								TOTAL DIT. FEE		OR ADI	TOTAL DIT. PEE	
* If t	ha 'Highest Nom	ber Previously	Paid Fo	e sult mi 🦴	PACE is	less than J,	enter "3".			•			
- 41.4	THE PERSON	T FICTIONSIN PI	NY FO	(10mm ox 100	C DESCRIPTION OF	to the mile	est munber found i	une	ebbrobuses	OAX IN COUNTY	ŋ /.		

Burden How Statement: This form is eximated to take 0.2 boars to complete. Time will vary depending upon the needs of the individual case. Any commitme on the amount of time you are required to complete this form should be sent to their Information Officer, U.S. Patrix and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR CONCLETED FORMS TO THIS ADDRESS. SEND TO: Autiston Commissions for Patrix, Washington, DC 20231.